



MISSOURI VETERANS COMMISSION
MISSOURI VETERANS HOME

**FINANCIAL INFORMATION
INCOME AND ASSETS WORKSHEET**

☐ CAMERON
☐ CAPE GIRARDEAU
☐ MEXICO
☐ MT. VERNON

☐ ST. JAMES
☐ ST. LOUIS
☐ WARRENSBURG

INSTRUCTIONS

1. Application must be typewritten or printed in ink.
2. Applicant must provide verification of current financial information at the time of admission. Spouse and dependent information is needed to assist in filing for possible VA benefits.
3. If applicant chooses not to release financial information, complete only the "General Information" and "Financial Information Waiver" sections, and affix signature on back of form.
4. Indicate whether items in "Assets" section are held solely or jointly. If assets are held jointly, please indicate with whom.

GENERAL INFORMATION

| | | | | | |
|---------------------|-------|----------|---|---|----------------------------------|
| VETERAN'S NAME | | | SOCIAL SECURITY NUMBER | | DATE OF BIRTH |
| SPOUSE'S NAME | | | SPOUSE'S EMPLOYMENT STATUS (CHECK ONE) | | |
| SPOUSE'S OCCUPATION | | | <input type="checkbox"/> EMPLOYED FULL TIME | <input type="checkbox"/> SELF EMPLOYED | <input type="checkbox"/> UNKNOWN |
| | | | <input type="checkbox"/> EMPLOYED PART TIME | <input type="checkbox"/> RETIRED | |
| | | | <input type="checkbox"/> NOT EMPLOYED | <input type="checkbox"/> ACTIVE MILITARY DUTY | |
| EMPLOYER NAME | | | EMPLOYER STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | HOME TELEPHONE NUMBER () | WORK TELEPHONE NUMBER () | |

FINANCIAL INFORMATION WAIVER

☐ I choose not to release financial information and agree to pay the Missouri Veterans Home the maximum monthly charge.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

ASSETS (Attach additional sheets if necessary)

LIST ALL REAL ESTATE YOU OWN OR IN WHICH YOU HAVE ANY INTEREST. (Give location, size, description and approximate value and indicate ownership.)

| LOCATION | VALUE | SIZE | OWNERSHIP |
|----------|-------|------|---|
| | | | <input type="checkbox"/> Solely <input type="checkbox"/> Jointly |
| | | | <input type="checkbox"/> Solely <input type="checkbox"/> Jointly |
| | | | <input type="checkbox"/> Solely <input type="checkbox"/> Jointly |

LIST THE PERSONAL PROPERTY WHICH YOU OWN. (Include auto, truck, livestock, furniture, farm equipment, business inventory, etc. - give approximate value and where located.)

| LOCATION | VALUE | SIZE | OWNERSHIP |
|----------|-------|------|---|
| | | | <input type="checkbox"/> Solely <input type="checkbox"/> Jointly |
| | | | <input type="checkbox"/> Solely <input type="checkbox"/> Jointly |
| | | | <input type="checkbox"/> Solely <input type="checkbox"/> Jointly |

LIST ALL CASH/SECURITIES WHICH YOU OWN. (Include cash on hand or in safety deposit box, savings, checking accounts, time deposits/stocks, bonds, postal savings, notes, mortgages or any other money or securities - give amount and where located.)

| LOCATION | VALUE | SIZE | OWNERSHIP |
|----------|-------|------|---|
| | | | <input type="checkbox"/> Solely <input type="checkbox"/> Jointly |
| | | | <input type="checkbox"/> Solely <input type="checkbox"/> Jointly |
| | | | <input type="checkbox"/> Solely <input type="checkbox"/> Jointly |

LIST ANY INSURANCE POLICIES WHICH YOU HAVE. (Include life, hospital, health and accident - give name of company and face value.)

| INSURANCE POLICY | CASH SURRENDER VALUE (IF APPLICABLE) | TYPE | COMPANY |
|------------------|--------------------------------------|------|---------|
| | | | |
| | | | |

| MONTHLY INCOME (Enter amount) | | | |
|---|---------|--------|------------|
| SOURCE | VETERAN | SPOUSE | DEPENDENTS |
| VA Benefits | \$ | \$ | \$ |
| Social Security (Not SSI) | \$ | \$ | \$ |
| Supplemental Security Income (SSI) | \$ | \$ | \$ |
| U.S. Civil Service | \$ | \$ | \$ |
| U.S. Railroad Retirement | \$ | \$ | \$ |
| Military Retirement | \$ | \$ | \$ |
| Unemployment Compensation | \$ | \$ | \$ |
| Other Retirement (Company, state, local, etc.) | \$ | \$ | \$ |
| Total Income from Employment (Wages, salary earnings, tips) | \$ | \$ | \$ |
| Interest, Dividend or Annuity Income | \$ | \$ | \$ |
| Workers Compensation or Black Lung Benefits | \$ | \$ | \$ |
| All Other Income | \$ | \$ | \$ |
| SIGNATURE | | | |
| <p>I fully understand all requirements that must be met and all qualifications that must be possessed by an applicant for admission to a Missouri Veterans Home. I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. This application is my free and voluntary act. I understand that verification of current financial information must be provided upon admission to the Missouri Veterans Home.</p> | | | |
| SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE | | | DATE |
| WITNESS IF SIGNED BY AN "X" | | | DATE |
| WITNESS IF SIGNED BY AN "X" | | | DATE |